

Electronic Filing Instructions for your 2018 Federal Tax Return

Important: Your taxes are not finished until all required steps are completed.



Nicole I Mattiace
186 Locust Street, Apt. PVT
Floral Park, NY 11001

Balance Due/Refund	Your federal tax return (Form 1040) shows a refund due to you in the amount of \$1,682.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
When Will You Get Your Refund?	The IRS issued more than 9 out of 10 refunds to taxpayers in less than 21 days last year. The same results are expected in 2019. To get your estimated refund date from TurboTax, log into My TurboTax at www.turbotax.com . If you do not receive your refund within 21 days, or the amount you get is not what you expected, contact the Internal Revenue Service directly at 1-800-829-4477. You can also check www.irs.gov and select the "Where's my refund?" link.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your federal return		
2018 Federal Tax Return Summary	Adjusted Gross Income	\$	47,333.00
	Taxable Income	\$	35,333.00
	Total Tax	\$	4,049.00
	Total Payments/Credits	\$	5,731.00
	Amount to be Refunded	\$	1,682.00
	Effective Tax Rate		8.55%

Filing status: ☒ Single ☐ Married filing jointly ☐ Married filing separately ☐ Head of household ☐ Qualifying widow(er)

Your first name and initial: **Nicole I** Last name: **Mattiace** Your social security number: **065-78-1145**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial: Last name: Spouse's social security number:

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)

☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. **186 Locust Street** Apt. no. **PVT** Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. **Floral Park NY 11001** If more than four dependents, see inst. and ✓ here ☐

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Preparer's name Preparer's signature PTIN Firm's EIN Check if: ☐ 3rd Party Designee ☐ Self-employed

Firm's name ▶ **Self-Prepared** Phone no.

Firm's address ▶

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. Form **1040** (2018)

1 Wages, salaries, tips, etc. Attach Form(s) W-2	1	47,333.
2a Tax-exempt interest	2a	
3a Qualified dividends	3a	
4a IRAs, pensions, and annuities	4a	
5a Social security benefits	5a	
6 Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	47,333.
7 Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	47,333.
8 Standard deduction or itemized deductions (from Schedule A)	8	12,000.
9 Qualified business income deduction (see instructions)	9	
10 Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	35,333.
11 a Tax (see inst.) 4,049. (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/>)	11	4,049.
12 a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here ▶ <input type="checkbox"/>	12	
13 Subtract line 12 from line 11. If zero or less, enter -0-	13	4,049.
14 Other taxes. Attach Schedule 4	14	0.
15 Total tax. Add lines 13 and 14	15	4,049.
16 Federal income tax withheld from Forms W-2 and 1099	16	5,731.
17 Refundable credits: a EIC (see inst.) No b Sch. 8812 c Form 8863	17	
18 Add lines 16 and 17. These are your total payments	18	5,731.
19 If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1,682.
20a Amount of line 19 you want refunded to you . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	20a	1,682.
▶ b Routing number X X X X X X X X X X ▶ c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
▶ d Account number X X X X X X X X X X X X X X X X		
21 Amount of line 19 you want applied to your 2019 estimated tax ▶ 21	21	
Amount You Owe 22 Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions ▶ 22	22	
23 Estimated tax penalty (see instructions) ▶ 23	23	

Tax History Report

► Keep for your records

2018

Name(s) Shown on Return
Nicole I Mattiace

	Five Year Tax History:				
	2014	2015	2016	2017	2018
Filing status	Single	Single	Single	Single	Single
Total income	52,301.	47,308.	54,307.	49,969.	47,333.
Adjustments to income			1,617.		
Adjusted gross income	52,301.	47,308.	52,690.	49,969.	47,333.
Tax expense	2,603.	2,425.	2,838.	2,534.	2,323.
Interest expense . . .					
Contributions					
Misc. deductions . . .					
Other itemized ded'ns					
Total itemized/ standard deduction . .	6,200.	6,300.	6,300.	6,350.	12,000.
Exemption amount . .	3,950.	4,000.	4,050.	4,050.	0.
QBI deduction					
Taxable income	42,151.	37,008.	42,340.	39,569.	35,333.
Tax	6,400.	5,093.	6,353.	5,633.	4,049.
Alternative min tax . .					
Total credits					
Other taxes					
Payments	8,316.	7,465.	8,817.	7,689.	5,731.
Form 2210 penalty . .					
Amount owed					
Applied to next year's estimated tax .					
Refund	1,916.	2,372.	2,464.	2,056.	1,682.
Effective tax rate % . .	12.24	10.77	12.06	11.27	8.55
**Tax bracket %	25.0	25.0	25.0	25.0	12.0

**Tax bracket % is based on Taxable income.

Healthcare Entry Sheet

► Keep for your records

2018

The forms associated with healthcare (8965, 8962, 1095-A, and this Healthcare Entry Sheet) all interact with information from the information worksheet. Be sure to enter all personal information including dependents listed on the return **before** using this sheet to track health insurance coverage.

Yes No/Partial

☒ ☐ Everyone on the tax return was covered by health insurance all year.

If everyone on the return was covered and there was no Market Place coverage (Form 1095-A) then check the YES box above - no other action is required.

Health Insurance Coverage for Individuals: Use this form to report healthcare coverage for individuals for months:

- not reported on 1095-A, 1095-B or 1095-C
- not covered by employer
- months not covered by an exemption

Note: The 1095-A information **must** be entered on Form 1095-A in order to correctly calculate any Premium Tax Credit. The 1095-B or the 1095-C can be entered directly in the table below.

If applicable enter information on form 1095-A, Health Insurance Marketplace Statement

Note: The IRS is not requiring the 1095-B or 1095-C be filed with the returns. Keep these forms for your records and track the the months using the checkboxes below.

If applicable enter Market Place exemptions (ECNs) or Request exemptions on form 8965

Note: Do not enter the name, SSN, or date of birth directly on the table below. Instead, enter the information at the bottom of the Personal Information Worksheet or Dependent and Nondependent Information Worksheet.

Or if you check the box at the top "Yes" that "Everyone on the tax return was covered by health insurance all year." the covered all 12 months box will be marked for all the individuals below regardless of what is entered on the Personal Information or Dependent and Nondependent Information Worksheet.

The box at the top, "Everyone on the tax return was covered by health insurance all year" was checked. The covered all 12 months for each individual below will be checked regardless of the information entered on the Personal Information and Dependent Nondependent Information worksheets.

Short Gap
Eligible*
Yes No

a. Name of covered individual(s)	b. SSN	c. DOB	Covered all 12 months	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1 Nicole Mattiace	065-78-1145	05/14/90	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* See help for explanation of short gap Yes/No box function. It affects the calculation of short gap coverage for January and February based on answer, which indicates whether coverage at end of prior year qualify months for short gap eligibility.

To review the detail of each person listed on the return (covered, not covered, exempt) and to see any penalty calculation go to the **Health Care Individual Responsibility Smart Worksheet** on Form 8965. ►

Completion checkbox:

☐ Check this box once you are finished with all the healthcare related entries.

2018

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

	Federal		State			Local		
	Date	Amount	Date	Amount	ID	Date	Amount	ID
1	04/17/18		04/17/18			04/17/18		
2	06/15/18		06/15/18			06/15/18		
3	09/17/18		09/17/18			09/17/18		
4	01/15/19		01/15/19			01/15/19		
5								
Tot Estimated Payments . . .								

Tax Payments Other Than Withholding (If multiple states, see Tax Help)		Federal	State	ID	Local	ID
6	Overpayments applied to 2018					
7	Credited by estates and trusts					
8	Totals Lines 1 through 7					
9	2018 extensions					

Taxes Withheld From:					Federal	State	Local
10	Forms W-2				5,731.	2,323.	
11	Forms W-2G						
12	Forms 1099-R						
13	Forms 1099-MISC, 1099-K and 1099-G						
14	Schedules K-1						
15	Forms 1099-INT, DIV and OID						
16	Social Security and Railroad Benefits						
17	Form 1099-B	St		Loc			
18 a	Other withholding	St		Loc			
b	Other withholding	St		Loc			
c	Other withholding	St		Loc			
d	Positive Adjustment	St		Loc			
e	Negative Adjustment	St		Loc			
f	Additional Medicare Tax						
19	Total Withholding Lines 10 through 18f				5,731.	2,323.	
20	Total Tax Payments for 2018				5,731.	2,323.	

Prior Year Taxes Paid In 2018 (If multiple states or localities, see Tax Help)		State	ID	Local	ID
21	Tax paid with 2017 extensions				
22	2017 estimated tax paid after 12/31/2017				
23	Balance due paid with 2017 return				
24	Other (amended returns, installment payments, etc) . .				

Federal Carryover Worksheet

2018

► Keep for your records

Name(s) Shown on Return
Nicole I Mattiace

Social Security Number
065-78-1145

2017 State and Local Income Tax Information

(a) State or Local ID	(b) Paid With Extension	(c) Estimates Pd After 12/31	(d) Total With- held/Pmts	(e) Paid With Return	(f) Total Over- payment	(g) Applied Amount
NY			2,534.		39.	
Totals . .			2,534.		39.	

2017 State Extension Information

(a) State	(b) Paid With Extension

2017 Locality Extension Information

(a) Locality	(b) Paid With Extension

2017 State Estimates Information

(a) State	(c) Estimates Paid After 12/31

2017 Locality Estimates Information

(a) Locality	(c) Estimates Paid After 12/31

2017 State Taxes Due Information

(a) State	(e) Paid With Return

2017 Locality Taxes Due Information

(a) Locality	(e) Paid With Return

2017 State Refund Applied Information

(a) State	(g) Applied Amount

2017 Locality Refund Applied Information

(a) Locality	(g) Applied Amount

2017 State Tax Refund Information

(a) State	(d) Total Withheld/Pmts	(f) Total Overpayment
NY	2,534.	39.

2017 Locality Tax Refund Information

(a) Locality	(d) Total Withheld/Pmts	(f) Total Overpayment

Nicole I Mattiace

065-78-1145

Other Tax and Income Information			2017	2018
1	Filing status	1	1 Single	1 Single
2	Number of exemptions for blind or over 65 (0 - 4).	2		
3	Itemized deductions	3	2,534.	2,323.
4	Check box if required to itemize deductions	4	<input type="checkbox"/>	<input type="checkbox"/>
5	Adjusted gross income	5	49,969.	47,333.
6	Tax liability for Form 2210 or Form 2210-F	6	5,633.	4,049.
7	Alternative minimum tax.	7		
8	Federal overpayment applied to next year estimated tax.	8		

QuickZoom to the IRA Information Worksheet for IRA information ►

Excess Contributions			2017	2018
9 a	Taxpayer's excess Archer MSA contributions as of 12/31	9 a		
b	Spouse's excess Archer MSA contributions as of 12/31	b		
10 a	Taxpayer's excess Coverdell ESA contributions as of 12/31	10 a		
b	Spouse's excess Coverdell ESA contributions as of 12/31	b		
11 a	Taxpayer's excess HSA contributions as of 12/31	11 a		
b	Spouse's excess HSA contributions as of 12/31	b		

Loss and Expense Carryovers			2017	2018
Note: Enter all entries as a positive amount				
12 a	Short-term capital loss.	12 a		
b	AMT Short-term capital loss	b		
13 a	Long-term capital loss	13 a		
b	AMT Long-term capital loss	b		
14 a	Net operating loss available to carry forward	14 a		
b	AMT Net operating loss available to carry forward	b		
15 a	Investment interest expense disallowed	15 a		
b	AMT Investment interest expense disallowed	b		
16	Nonrecaptured net Section 1231 losses from:	16 a		
	a 2018. . .	a		
	b 2017. . .	b		
	c 2016. . .	c		
	d 2015. . .	d		
	e 2014. . .	e		
	f 2013. . .	f		
17	AMT Nonrecap'd net Sec 1231 losses from:	17 a		
	a 2018. . .	a		
	b 2017. . .	b		
	c 2016. . .	c		
	d 2015. . .	d		
	e 2014. . .	e		
	f 2013. . .	f		

Nicole I Mattiace

065-78-1145

Credit Carryovers				2017	2018
18	General business credit			18	
19	Adoption credit from:			19 a	
	a	2018		b	
	b	2017		c	
	c	2016		d	
	d	2015		e	
	e	2014		f	
	f	2013			
20	Mortgage interest credit from:			20 a	
	a	2018		b	
	b	2017		c	
	c	2016		d	
	d	2015			
21	Credit for prior year minimum tax			21	
22	District of Columbia first-time homebuyer credit			22	
23	Residential energy efficient property credit			23	
Other Carryovers				2017	2018
24	Section 179 expense deduction disallowed			24	
25	Excess			25 a	
	a	Taxpayer (Form 2555, line 46)		b	
	b	Taxpayer (Form 2555, line 48)		c	
	c	Spouse (Form 2555, line 46)		d	
	d	Spouse (Form 2555, line 48)			

Charitable Contribution Carryovers

26 2017 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2017					
b	2016					
c	2015					
d	2014					
e	2013					
27 2018 Carryover of charitable contributions from:		Other Property		Capital Gain		Cash
		(a) 50%	(b) 30%	(c) 30%	(d) 20%	(e) 60%
a	2018					
b	2017					
c	2016					
d	2015					
e	2014					

28 Amount overpaid less earned income credit 2,056.

2017 State Capital Loss Carryovers (For users not transferring from the prior year)

State ID	Short-term Capital Loss for State	AMT Short-term Capital Loss for State	Long-term Capital Loss for State	AMT Long-term Capital Loss for State	Capital Loss (combined) for State	AMT Capital Loss (combined) for State

ELECTRONIC POSTMARK - CERTIFICATION OF ELECTRONIC FILING

Taxpayer: Nicole I Mattiace

Primary SSN: 065-78-1145

Federal Return Submitted: March 26, 2019 12:43 PM PDT

Federal Return Acceptance Date: _____

Your return was electronically transmitted on 03/26/2019

The Intuit Electronic Postmark shows the date and time Intuit received your federal tax return. The Intuit Electronic Postmark documents the filing date of your income tax return, and the electronic postmark information should be kept on file with your tax return and other tax-related documentation.

There are two important aspects of the Intuit Electronic Postmark:

1. THE INTUIT ELECTRONIC POSTMARK.

The electronic postmark shows the date and time Intuit received the federal return, and is deemed the filing date if the date of the electronic postmark is on or before the date prescribed for filing of the federal individual income tax return.

TIMELY FILING:

For your federal return to be considered filed on time, your return must be postmarked on or before midnight April 15, 2019. Intuit's electronic postmark is issued in the Pacific Time (PT) zone. If you are not filing in the PT zone, you will need to add or subtract hours from the Intuit Electronic Postmark time to determine your local postmark time. For example, if you are filing in the Eastern Time (ET) zone and you electronically file your return at 9 AM on April 15, 2019, your Intuit electronic postmark will indicate April 15, 2019, 6 AM. If your federal tax return is rejected, the IRS still considers it filed on time if the electronic postmark is on or before April 15, 2019, and a corrected return is submitted and accepted before April 20, 2019. If your return is submitted after April 20, 2019, a new time stamp is issued to reflect that your return was submitted after the IRS deadline and, consequently, is no longer considered to have been filed on time.

If you request an automatic six-month extension, your return must be electronically postmarked by midnight October 15, 2019. If your federal tax return is rejected, the IRS will still consider it filed on time if the electronic postmark is on or before October 15, 2019, and the corrected return is submitted and accepted by October 20, 2019.

2. THE ACCEPTANCE DATE.

Once the IRS accepts the electronically filed return, the acceptance date will be provided by the Intuit Electronic Filing Center. This date is proof that the IRS accepted the electronically filed return.

Electronic Filing Instructions for your 2018 New York Tax Return

Important: Your taxes are not finished until all required steps are completed.



NICOLE I MATTIACE
186 LOCUST STREET PVT
Floral Park, NY 11001

Balance Due/Refund	Your New York state tax return (Form IT-201) shows a refund due to you in the amount of \$39.00. Your tax refund should be mailed to you within three to four weeks after your return is accepted.		
Where's My Refund?	Before you call the New York State Department of Taxation and Finance with questions about your refund, give them three to four weeks processing time from the date your return is accepted. If then you have not received your refund, or the amount is not what you expected, contact the New York State Department of Taxation and Finance directly at 1-518-457-5149. You can also visit the New York State Department of Taxation and Finance web site at https://www.tax.ny.gov/ .		
No Signature Document Needed	No signature form is required since you signed your return electronically.		
What You Need to Keep	Your Electronic Filing Instructions (this form) Printed copy of your state and federal returns		
2018 New York Tax Return Summary	Taxable Income	\$	41,043.00
	Total Tax	\$	2,284.00
	Total Payments/Credits	\$	2,323.00
	Amount to be Refunded	\$	39.00

**Resident Income Tax Return**

New York State • New York City • Yonkers • MCTMT

IT-201For the full year January 1, 2018, through December 31, 2018, or fiscal year beginning ... **18**

For help completing your return, see the instructions, Form IT-201-I.

and ending ...

Your first name		MI	Your last name (for a joint return, enter spouse's name on line below)		Your date of birth (mmddyyyy)		Your social security number	
NICOLE		I	MATTIACE		05141990		065781145	
Spouse's first name		MI	Spouse's last name		Spouse's date of birth (mmddyyyy)		Spouse's social security number	
Mailing address (see instructions, page 14) (number and street or PO box)					Apartment number		New York State county of residence	
186 LOCUST STREET					PVT		NASSAU	
City, village, or post office			State	ZIP code	Country (if not United States)		School district name	
FLORAL PARK			NY	11001			FLORAL PARK-BELLEROSE	
Taxpayer's permanent home address (see instructions, page 14) (number and street or rural route)					Apartment number		School district code number	
							195	
City, village, or post office			State	ZIP code	Taxpayer's date of death (mmddyyyy)		Spouse's date of death (mmddyyyy)	
			NY		Decedent information			

A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return (enter spouse's social security number above)
- ③ ☐ Married filing separate return (enter spouse's social security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying widow(er)

B Did you itemize your deductions on your 2018 federal income tax return? Yes ☐ No ☒**C Can you be claimed** as a dependent on another taxpayer's federal return? Yes ☐ No ☒**D1** Did you have a financial account located in a foreign country? (see page 15) Yes ☐ No ☒**D2 Yonkers residents and Yonkers part-year residents only:**

- (1) Did you receive a property tax relief credit? (see page 15) Yes ☐ No ☐
- (2) Enter the amount00

D3 Were you required to report, any nonqualified deferred compensation, as required by IRC § 457A on your 2018 federal return? (see page 15) Yes ☐ No ☒**E** (1) Did you or your spouse **maintain living quarters in NYC** during 2018? (see page 15) .. Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2018 (any part of a day spent in NYC is considered a day).....

F NYC residents and NYC part-year residents only (see page 15):

- (1) Number of months **you** lived in NYC in 2018
- (2) Number of months **your spouse** lived in NYC in 2018

G Enter your **2-character special condition code(s)** if applicable (see page 15) **H Dependent information** (see page 16)

First name	MI	Last name	Relationship	Social security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001181555

For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your social security number
065781145

Federal income and adjustments (see page 16)

Whole dollars only

1	Wages, salaries, tips, etc.	1	47333.00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C or C-EZ, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box ... <input type="checkbox"/>	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box <input type="checkbox"/>	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of social security benefits (also enter on line 27)	15	.00
16	Other income (see page 16) Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	47333.00
18	Total federal adjustments to income (see page 16) Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	47333.00

New York additions (see page 17)

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements (see page 17)	21	1710.00
22	New York's 529 college savings program distributions (see page 17)	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	49043.00

New York subtractions (see page 18)

25	Taxable refunds, credits, or offsets of state and local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government (see page 18)	26	.00
27	Taxable amount of social security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion (see page 19)	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18).....	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	49043.00

Standard deduction or itemized deduction (see page 21)

34	Enter your standard deduction (table on page 21) or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	8000.00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	41043.00
36	Dependent exemptions (enter the number of dependents listed in item H; see page 21)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	41043.00

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Name(s) as shown on page 1
NICOLE I MATTIACE

Your social security number
065781145

Tax computation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	41043.00
39 NYS tax on line 38 amount (see page 22)	39	2284.00
40 NYS household credit (page 21, table 1, 2, or 3)	40	.00
41 Resident credit (see page 23)	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7) ...	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	2284.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	2284.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income (see instructions)	47	.00
47a NYC resident tax on line 47 amount (see page 23)	47a	.00
48 NYC household credit (page 23)	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base	54a	.00
54b MCTMT	54b	.00
55 Yonkers resident income tax surcharge (see page 26)	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1) ..	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54b through 57) ..	58	.00
59 Sales or use tax (see page 27; do not leave line 59 blank)	59	0.00

Voluntary contributions (see page 28)

60a Return a Gift to Wildlife	60a	.00	60o Veterans' Homes	60o	.00
60b Missing/Exploited Children	60b	.00	60p Love Your Library Fund	60p	.00
60c Breast Cancer Research	60c	.00	60q Lupus Fund	60q	.00
60d Alzheimer's Fund	60d	.00	60r Military Family Fund	60r	.00
60e Olympic Fund (\$2 or \$4)	60e	.00	60s CUNY Fund	60s	.00
60f Prostate Cancer	60f	.00			
60g 9/11 Memorial	60g	.00			
60h Volunteer Firefighting	60h	.00			
60i Teen Health Education	60i	.00			
60j Veterans Remembrance	60j	.00			
60k Homeless Veterans	60k	.00			
60l Mental Illness Anti-Stigma	60l	.00			
60m Women's Cancers Fund	60m	.00			
60n Autism Fund	60n	.00			
60 Total voluntary contributions (add lines 60a through 60s)	60	.00			
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	2284.00			

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Your social security number

065781145

62 Enter amount from line 61 **62** 2284 .00**Payments and refundable credits** (see pages 29 through 32)

63 Empire State child credit	63	.00
64 NYS/NYC child and dependent care credit	64	.00
65 NYS earned income credit (EIC)	65	.00
66 NYS noncustodial parent EIC	66	.00
67 Real property tax credit	67	.00
68 College tuition credit	68	.00
69 NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a NYC school tax credit (rate reduction amount)	69a	.00
70 NYC earned income credit	70	.00
70a NYC enhanced real property tax credit	70a	.00
71 Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72 Total New York State tax withheld	72	2323 .00
73 Total New York City tax withheld	73	.00
74 Total Yonkers tax withheld	74	.00
75 Total estimated tax payments and amount paid with Form IT-370	75	.00



If applicable, complete **Form(s) IT-2 and/or IT-1099-R** and submit them with your return (see page 13).

Do not send federal Form W-2 with your return.

76 Total payments (add lines 63 through 75) **76** 2323 .00**Your refund, amount you owe, and account information** (see pages 33 through 35)

77 Amount overpaid (see instructions)	77	39 .00
78 Amount of line 77 available for refund (subtract line 79 from line 77)	78	39 .00
78a Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	39 .00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☒ **paper check**

Refund? Direct deposit is the easiest, fastest way to get your refund.

See page 34 for payment options.

79 Amount of line 77 that you want applied to your 2019 estimated tax (see instructions) **79** .0080 Amount you **owe** (if line 76 is **less than** line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an **X** in the box ☐ and fill in lines 83 and 84. If you pay by check or money order you **must** complete Form IT-201-V and mail it with your return.

80 .00

81 Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77; see page 34) **81** .0082 Other penalties and interest (see page 34) **82** .00

See page 37 for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal (see page 35).

If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an **X** in this box (see pg. 35) ☐

83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings

83b Routing number 83c Account number

84 Electronic funds withdrawal (see page 35) Date Amount00

Third-party designee? (see instr.) Yes <input type="checkbox"/> No <input type="checkbox"/>	Print designee's name	Designee's phone number ()	Personal identification number (PIN)
	E-mail:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRIN	NYTPRIN excl. code
Preparer's signature		Preparer's printed name	
Firm's name (or yours, if self-employed) SELF-PREPARED		Preparer's PTIN or SSN	
Address		Employer identification number	
		Date	
E-mail:			

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation MENTAL HEALTH AIDE	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone number (516) 488 7153
E-mail: GMATTIAW@GMAIL.COM	

See instructions for where to mail your return.

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Summary of W-2 Statements

New York State • New York City • Yonkers

Do not detach or separate the W-2 Records below. File Form IT-2 as an entire page with your return. See instructions.

W-2 Record 1

Box a Employee's social security number for this W-2 Record

065781145

Box b Employer identification number (EIN)

146013200

Box c Employer's information

Employer's name

STATE OF NEW YORK

Employer's address (number and street)

110 STATE STREET

City

ALBANY

State

NY

ZIP code

12207

Country (if not United States)

Box 1 Wages, tips, other compensation

47333.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

9316.00

Code

D D

Box 12b Amount

4418.00

Code

E E

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

1710.00

Description

414HSUB

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☒Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

47333.00

Box 17a NYS income tax withheld

2323.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

Do not detach.

W-2 Record 2

Box a Employee's social security number for this W-2 Record

Box b Employer identification number (EIN)

Box c Employer's information

Employer's name

Employer's address (number and street)

City

State

ZIP code

Country (if not United States)

Box 1 Wages, tips, other compensation

.00

Box 8 Allocated tips

.00

Box 10 Dependent care benefits

.00

Box 11 Nonqualified plans

.00

Box 12a Amount

.00

Code

Box 12b Amount

.00

Code

Box 12c Amount

.00

Code

Box 12d Amount

.00

Code

Box 14a Amount

.00

Description

Box 14b Amount

.00

Description

Box 14c Amount

.00

Description

Box 14d Amount

.00

Description

Box 13 Statutory employee ☐Retirement plan ☐Third-party sick pay ☐Corrected (W-2c) ☐

NY State information:

Box 15a NY State

N Y

Box 16a NYS wages, tips, etc.

.00

Box 17a NYS income tax withheld

.00

Other state information:

Box 15b other state

Box 16b Other state wages, tips, etc.

.00

Box 17b Other state income tax withheld

.00

NYC and Yonkers information (see instr.):

Box 18 Local wages, tips, etc.

Locality a

.00

Locality b

.00

Box 19 Local income tax withheld

Locality a

.00

Locality b

.00

Box 20 Locality name

Locality a

Locality b

102001181555



NO HANDWRITTEN ENTRIES ON THIS FORM

Two-Year Comparison

2018

Name as Shown on Return
NICOLE I MATTIACE

Social Security No.
065-78-1145

	2017	2018	Difference	%
Federal Adjusted Gross Income	49,969.	47,333.	-2,636.	-5.28
New York Additions				
State and local interest income				
Public employee 414(h) retirement contributions	1,957.	1,710.	-247.	-12.62
New York's 529 college savings program distributions				
Other New York additions				
Total New York Additions	1,957.	1,710.	-247.	-12.62
New York Subtractions				
State tax refund				
Government pension exclusion				
Taxable social security benefits				
U.S. government interest income				
Pension and annuity income exclusion				
New York's 529 college savings program deductions/earnings				
Other New York subtractions				
Total New York Subtractions				
New York Adjusted Gross Income	51,926.	49,043.	-2,883.	-5.55
Standard or Itemized Deduction	8,000.	8,000.	0.	0.00
Dependent exemptions				
New York Taxable Income	43,926.	41,043.	-2,883.	-6.56
New York State tax	2,495.	2,284.	-211.	-8.46
New York State nonrefundable credits				
Other New York State taxes				
Total New York State taxes	2,495.	2,284.	-211.	-8.46
New York City taxes				
Yonkers City taxes				
Use tax	0.	0.	0.	
Voluntary gifts/contributions				
Total New York State, New York City and Yonkers Taxes, Use Tax and Voluntary Gifts/Contributions	2,495.	2,284.	-211.	-8.46
Withholding	2,534.	2,323.	-211.	-8.33
Estimated tax payments, extension payment, and amount applied from prior year return				
Refundable credits				
Total payments and refundable credits	2,534.	2,323.	-211.	-8.33
Underpayment penalty				
Applied to next year's estimated tax				
Refund	39.	39.	0.	0.00
Balance Due				